

TOWN OF BLOOMFIELD BUILDING DEPARTMENT
800 Bloomfield Avenue PO Box 337 Bloomfield, CT 06002 Phone: 860-769-3516

HVAC PERMIT APPLICATION

Receipt #	Street Address:
Building Permit Number:	Date:

Estimated Cost: _____ **Fee:** _____

Cost of all permits is **\$15** per one thousand dollars worth of construction or fraction thereof. Mandated CT Training Fee is included as part of the fee.

Property Owner	Contractor	Structure Type
Name: _____	Name: _____	<input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Existing Building <input type="checkbox"/> Other (Please provide heat loss/gain calculations for new buildings and additions)
Address: _____	Address: _____	
_____	_____	
Phone: _____	Phone: _____	
Email: _____	Email: _____	

TYPE OF INSTALLATION (List all of the installations covered under the permit):

- ☐ **Heating:**

☐ Hydronic

☐ Forced Air

☐ Unit Heater

☐ Other: _____
- ☐ **Air Conditioning**

☐ **Ventilation**
- ☐ **Oil Tank:**

Size: _____
- ☐ **Propane Tank:**

Size: _____
- ☐ **Piping for Gas Appliance**

Size & Type: _____
- ☐ **Domestic Hot Water:**

Type & Size of Tank: _____
- ☐ **Commercial Kitchen Hood System**
- ☐ **Other:** _____

DESCRIBE FURTHER THE NATURE OF THE INSTALLATION. List all equipment & ratings (such as BTU output, tonnage, CFMs, etc. :

Signed: _____ Print Name: _____ Phone #: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"><input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent</div>	Date:	Contractor License #:
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